

WP  
C458i  
1834

Surgeon General's Office

LIBRARY

4444  
Section,

No. 252357

10  
The 6 Lane

---

# IRRITABLE UTERUS.

---

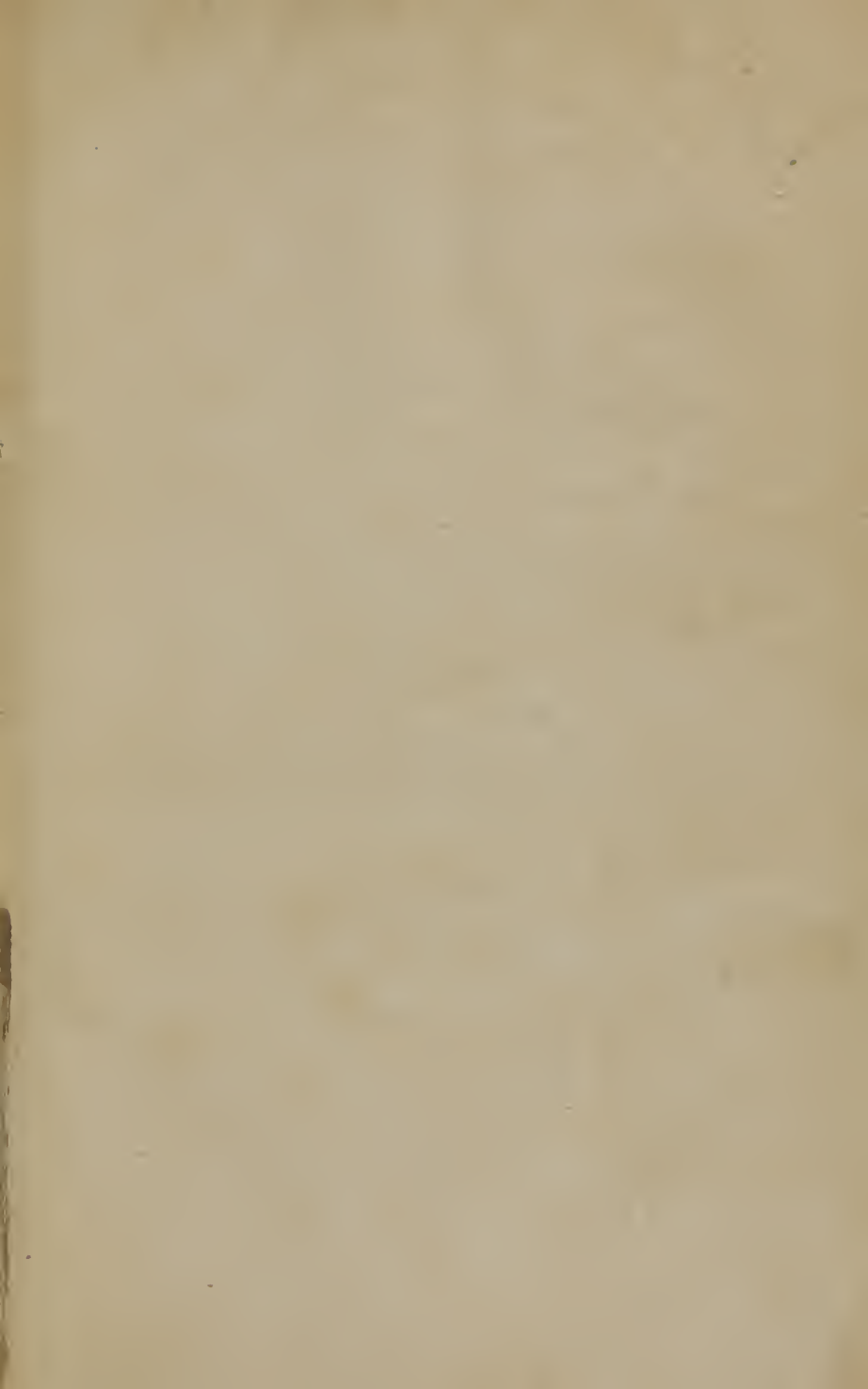
BY WALTER CHANNING, M. D., M. M. S.

Professor of Midwifery and Medical Jurisprudence in Harvard University.

---

WP  
C458i  
1834

Fil. 7730. 2cm. 2



D. Durnitt & Channing  
regards.

In the preparation of the following Discourse, I have not always made acknowledgments to the authors to whom I was indebted. It is with great pleasure I express my obligations to Professor Dewees for many important suggestions. For numerous writings on Midwifery, and its connected subjects, he is deservedly honored alike in Europe and America. To Dr. Addison of London, I have also to express my thanks. His work on Disorders of Females, is of great practical value. I cordially extend my acknowledgments to Mr. Teale, and Mr. Tate, for their very valuable contributions to Female Pathology. To the late Dr. Gooch I have particularly referred in the body of the discourse.

W. C.

## IRRITABLE UTERUS.

BY WALTER CHANNING, M. D., M. M. S.

Professor of Midwifery and Medical Jurisprudence in Harvard University.

*Received by the Librarian of the Medical Library, Boston, Mass. June 1873.*

I HAVE chosen for the subject of this discourse IRRITABLE UTERUS. It has for the first time been quite recently described. This fact of its comparative novelty may give to it some interest. But it has others. The disease is a very painful one; of great obstinacy even under very careful and appropriate treatment, and is liable to recurrences as well as exacerbations from causes which the most prudent cannot always escape. It has local symptoms sufficiently distinctive; yet it is very likely to be confounded with many other, and better known affections of the womb. Mistakes in diagnosis therefore must have been hitherto very common, and must frequently have led to opinions as to the chances of recovery very painful to the patient, while at the same time she was subjected to treatment, much of which could only have added to her discomfort and misery.

Still these patients did get well in the great majority of instances; but while the prognosis was thus



falsified by the event, the patient was the principal gainer. The profession has found little added, at least to its active means, in the management of a painful and protracted disease, for recovery often takes place when the least efficient are employed ; nay, when the disease and the patient are left quite to themselves.

I have referred to local uterine symptoms. But there are others which appear in parts very remote from the uterine system. These imitate in their variety all sorts of maladies ; and by their persistancy, apparently afford sufficient reason for the pathological views which have been taken of them. Here again erroneous diagnosis has led to evil. This remark is supported by what may be found in books on the diseases of women in all periods of medical history. Its illustration is at hand in the latest, our own, in much that has been written on *mimotic* diseases, so called ; and also in certain views concerning a pathological state of the spine, which have been so strongly urged by those who first advanced them, and which have found here as well as abroad strenuous advocates.

The name given to this disease is Irritable Uterus. and the affections with which it is frequently found accompanied, have been designated " Disorders of Females, connected with Uterine Irritation." These terms are used to express a state or condition of the womb, on which some peculiar morbid manifestations depend ; and it is perhaps not easy, or very important for a name to do more. *An exalted sensibility, rendering pressure on the part affected in some cases*



*insupportable, and in all painful ;—pain more or less severe at all times, and thus independent of pressure,—these, with certain functional derangements, and various sympathetic affections, are among the elements of this disease.* In farther treating my subject, I shall first describe irritable womb : giving its history under the heads of subjects, causes and symptoms,—secondly, offer some explanation of the cause or connexion of its facts, with a view to its theory,—thirdly, give the diagnosis, perhaps the most important inquiry involved in the discussion ; and, lastly, the treatment.

And first, of the History. Irritable womb appears in two very different classes of patients, and it would be very useful in the management of each case, could we ascertain beforehand to which class it belongs. The first class embraces all those cases in which the general health has long been impaired, but in which we have not been able to discover any paramount local derangement. This state of general feeble health may continue a long time, and at some remote period, local irritation, of the womb it may be, or of the spine, or other part,—of the first most frequently,—will show itself, and we may have presented, and very suddenly too, its special local symptoms, and at no distant period, its sympathetic affections. The womb, it was said, most readily betrays irritation, and because its healthful functions are very readily disturbed, and from slight causes, in this class of cases, and such disturbance alone may at once become the exciting cause of our

disease. A new aspect is now given to the case. The negative symptoms, if I may use the term, assume a positive character; the disease acquires a local habitation, and a name, and preserves both with an obstinacy which a gradually accumulating predisposition almost always ensures.

The second class embraces all those cases in which little or no derangement of the general health has been before noticed; but in which a marked, and it may have been, accidental, derangement of the uterine functions has been experienced. Here uterine irritation is the first morbid phenomenon in the series, the more general affections being wholly consecutive. The disordered state of the womb then, which is followed by irritation, may be strictly idiopathic; at least we may fail to trace it to any general or local cause.

Uterine irritation rarely occurs before twenty, though it has been observed as early as the eighteenth year. It requires for the most part, for its perfect development, a state of the womb which is rarely produced by a short or temporary continuance of disturbing causes. Months and even years may elapse under the operation of such causes, before the organic predisposition has been brought about. There is much however in the previous condition of the individual which deserves notice. From the establishment of menstruation, there may have existed marks of bad uterine health. The disturbances which attended its beginning, may have characterised its subsequent periods, and gradually that state be produced on which we have supposed the whole mani-

festations of irritable uterus to depend. Irritable womb then, if not strictly a disease of the young, may be in a forming state from the beginning of puberty. The symptoms of this state are excess or deficiency in the quantity of the catamenia at each natural period, and a too frequent or too rare recurrence of the menstrual function, with an unusual sensibility of the pelvic viscera, and more or less marked general derangement; this last appearing under the various forms of an accelerated and easily excited pulse,—variable temperature,—more or less derangement of the chylopoietic viscera,—and lastly, much susceptibility of moral impressions. The careful investigation of all these facts is of exceeding importance. Their management will do much to prevent or to accelerate the invasion of irritation; and one modification of it, viz. that in which irritation is not yet excessive, may be present for some time without being recognised, and may be much exasperated by the use of means addressed to some one of its occasional symptoms.

A predisposition to irritable womb, may be looked for in that condition of the organ which induces dysmenorrhœa, and menorrhagia, and it has in fact been considered to be a protracted form of the first named disease. But painful menstruation may and does exist independently of uterine irritation, and the occurrence of the former along with the latter, when fully formed, is so common, but at the same time so easily accounted for, that we are not to be surprised that the order of occurrence of the two events has

not always been accurately traced. I speak of dysmenorrhœa here, not precisely in the technical use of the term ; I only mean to express by it, the fact that menstruation is painful. I have, I may add in passing, seen it in its true character, the discharge consisting principally of a semi-organised membranous texture, in a case of exquisite uterine irritation. Predisposition, farther, may be produced by frequent abortions, especially when they rapidly succeed each other. Susceptibility of impregnation, it has been asserted, does not exist when the disease is fully formed. I cannot but think, however, that I have met with striking exceptions to the rule, if the wider observation of others have established one.

The exciting causes are such as directly or remotely act upon the womb. Among those which may be named as belonging to the first, are astringent and cold injections into the vagina, either to suppress or check excessive lochia, or menorrhagia. Another is the pessary. I have known a very obstinate form of the disease to follow the use of a pessary, introduced to obviate great uneasiness in the pelvis, accompanied by slight displacement of the womb. It has also followed the long continued use of the same instrument, which has been allowed to remain, and becoming foul from neglect, has produced the disease. Other causes are, various forms of over-exertion, as fatiguing exercise, or long-continued standing, either too soon after premature confinement, or during the catamenial period. No existing cause is so distinctly recognized by all who have paid most attention to irri-



table womb, as this single one of excessive bodily exertion. What is quite worthy of remark here, is that a disease, which a single act of imprudence may excite, and from which we might look for recovery in temporary rest, will, from the moment it begins, go on with scarce any interruption, and produce years of misery. This teaches how near is the state of predisposition to the fullest development of the malady. The precise agency of exercise in producing it is not easily explained. It certainly is not by inducing prolapsus, for though they frequently exist together, at least some slight displacement, true prolapsus, I believe, is not an essential element of the disease.

*Of the Symptoms.* These have regard to the womb and its neighbourhood, and to the system generally. Of the first is pain in the lower part of the abdomen, referred to the brim of the pelvis, most severe just above the symphysis pubis, and always increased by pressure. The course of this pain will be very distinctly pointed out by the patient, and her account will be abundantly verified by passing the hand or finger in the direction thus indicated. Other neighbouring parts are seats of pain, as the loins, the sacrum, and the thighs. Bearing down, at times, accompanies these last, especially during the menstrual periods.—These symptoms are aggravated by exercise, and by the erect posture, and the patient now finds added to them lancinating pains through the pelvis, shooting from the neighbourhood of the symphysis on the inside, to the opposite point in the hol-

low of the sacrum. The operation of an active cathartic, especially such as excites the large intestines, and their lower portions, are attended and followed by a similar aggravation of symptoms. Such cathartics increase the ordinary motion which attends dejections, and in this way act as other exertion may.

It is in the womb itself we discover the symptoms which are most distinctive, and one of which has led to the name which the disease bears. The finger being introduced into the vagina, and applied to the neck of the womb, finds this last in the great majority of cases exquisitely tender, barely tolerating the slightest pressure; the pressure often exciting paroxysms of intense suffering, which may continue some time after their exciting cause is removed. I have described the state of the neck, in the perfectly developed disease. Different degrees of the same are noticed in various cases. In those of the longest standing, and in which the symptoms in other organs, or parts of the body, have acquired the ascendancy, the uterine irritability may be much diminished, and in some is so slight that the patient suffers comparatively little during examination. I refer to this fact here because in the management of such a case, the state of the womb may be the true cause of the continuance of the symptoms referred to, while its own morbid sensibility is so much diminished as not to be duly estimated in our investigation of causes. This tenderness in many cases, and by the observation of some writers, is in all confined to the neck of



the womb. I have attended to this statement very particularly when examining patients, and have been led to think that it is not so universally true as has been asserted. Thus, on examination by the rectum, by which the body of the womb may be felt ; and per vaginam, by carrying the finger to, and around the cul de sac, formed by the connexion of the vagina with the organ, and pressing in these situations as high as this may be done, more pain has been felt and complained of than is ordinarily experienced in other, and especially the healthful condition of the womb. Another symptom has been mentioned as peculiarly distinctive. "This is a pulsating, throbbing, or fluttering sensation within the vagina or pelvic cavity." It is farther described, as differing much in degree in different cases,—is not constant, and is various in degree in the same patient at different times. I have met with sensations resembling these ; but they were referred to situations above the brim of the pelvis, rather than to its cavity. I have not discovered tenderness in the vagina. Various disturbances in the uterine functions, occur in irritable womb. Menorrhagia is very frequent, while the catamenia may be deficient, in some cases, and amenorrhœa exist in others. Dysmenorrhœa is common. But perhaps the functional derangement which has been most frequently met with is leucorrhœa. One observer has never known impregnation to take place in a subject of this disease ; while another has known irritable womb to continue through the whole of pregnancy.

The womb undergoes some change of place. It does not amount in the majority of cases, to what is understood by prolapsus, though in some the fall is considerable. It is lower than natural, but still not so low as to explain at all the symptoms of irritable womb. In the diagnosis it will be more fully stated in what the two diseases differ from each other.

Along with these uterine symptoms, and supposed to be connected with them in the relation of cause and effect, various general and local affections have been observed. So distinctly are they brought into view in this connexion, at least by one writer, and so clearly present were the leading pathognomonic signs of irritable uterus in his cases,—and more especially, so certainly were they removed by remedies addressed directly to the womb, that an account of this affection would hardly be complete which did not distinctly notice them. They may belong to predisposition alone, in particular individuals ; but they were nevertheless so constant in numerous cases, that they can be gotten over only by supposing that uterine irritation did not exist, and that the author was describing some other disease. It is, finally, from the correspondence of my own observation with these views, that I shall next proceed to describe some of the general, and sympathetic local affections with which this disease has been observed to be accompanied.

No diseases affect the whole aspect of the female more strikingly than those of the uterine system. This, which is especially true of its organic affections,

is true also of its functional. The physiognomy, if I may so apply the term, of all these disorders, is so marked, that the accurate observer may almost infer from it, not only the seat, but often the nature of the malady. The exceptions are individuals of originally firm constitution, who are plethoric, and fleshy, and in whom the disease has been induced by the force of the exciting causes acting on an organ possessing no special predisposition to this or any other malady. Time will, however, reduce even these to a very near resemblance to those of a very different constitution. The general aspect in irritable womb, manifests great debility; the skin is pale, and the more so, as menorrhagia, and especially leucorrhœa exists,—the flesh is flabby,—the countenance anxious, or expressing not only a present suffering, but bearing the traces of much and frequent misery. If we observe the motions of the patient, such movements as the ordinary courtesies of a visit may give rise to, we shall find these made with care, and obviously with increased uneasiness, if not positive pain. I have known turning in bed, or merely moving in a chair, to be accompanied by such expression.

If we examine the pulse soon after our arrival, it will be found rapid, and it may be small; but while we are feeling it, we may find its numbers rapidly to diminish, and a greater fulness developed. The pulse may even become slow and soft, losing these characters however under any new excitement of the moment, and then shortly again acquiring them. The pulse may in other cases be permanently rapid,

and small, and hard,—or frequent, full, and soft. Its state then is not to have an undue influence either in diagnosis or treatment.

Headach is a frequent symptom of irritable womb. It may take a chronic form, being in some cases always present in variable degrees ; in others occurring from very slight causes after various intervals of ease. Confusion of head,—imperfect vision,—ringing in the ears,—throbbing,—depressed spirits, with difficulty of fixing the attention long on any thing but the patient's own personal troubles, are also among the symptoms which may be referred to the head, and the cerebral functions.

In the thorax, we have pain, especially below the left mamma, and about the edges of the ribs of the same side. This pain may, and does in many cases exist entirely by itself, unaccompanied either by dyspnœa or cough, or by increase during respiration, however full and deep this last may be. It does indeed exist along with the symptoms which are ordinarily associated with severe local pain in the chest, however circumscribed, such for instance as pleurisy. Cough is one such complication ; being in some a dry, suppressed, heaving cough ; while in others it is full and sonorous. Long before irritable uterus had been pointed out as a peculiar affection, this had been noticed, and the appropriate designation of “uterine cough,” had been employed to express it. Some times there is hemoptysis. I have met with this last always alarming symptom, (though always least alarming to patients suffering uterine irritation) in an une-



quivocal case of the disease, which was accompanied with severe menorrhagia, with leucorrhœa, and distressing headach. This was in a young woman of eighteen, of a full plethoric habit, who had in early life been of very active habits, and who had suffered much general disturbance from passing suddenly to sedentary occupation, and in whom the uterus had early manifested functional derangement.

Pain in the left side is sometimes attended with violent palpitation, acute pain in the precordia, and great dyspnœa. The sufferings of such patients are intense, and exercise is rendered impossible. Now, during this effect of uterine irritation originally, and during the positive rest imposed on the patient, the local uterine irritability may greatly subside. True hysteria is at length fully developed, and so disguised may this be, that nothing short of acute inflammation, with organic disease of the heart or the lungs, can be believed to be sufficient to produce the symptoms. I have met with an extraordinary case of this kind. The attack was reported to have been sudden, and up to the time of the invasion of the thoracic symptoms the uterine function was stated to have been healthful. For the violence of the dyspnœa, and the exquisitely painful palpitation, bloodletting was resorted to in the failure of all other employed means to give relief. Relief followed, and so did a paroxysm. Bloodletting was repeated again and again, so that at the end of two years and a half from the first attack, and at the time when I first saw her, I learnt she had been blooded ninety-three times. Her ap-

pearance was quite remarkable. The whole surface, the tongue, and inside of the mouth were bloodless. There was not extreme emaciation ; the appearance was most like that of a woman, of nearly average health, who had just escaped with life after uterine hemorrhage. Her voice was extremely feeble, and her countenance contrasted strongly with the unusual brilliancy of her large dark eyes. The pulse was one of extreme irritation. The superficial veins, to the smallest noticeable ramifications, contained blood of a bright arterial colour. She suffered severely from headach. The appetite was almost nothing, and I learnt she had lived during her long and exhausting illness upon the smallest amount of food. Soon after I saw her, she was seized with a very severe paroxysm. Receiving but partial relief from the various means used, and having been most urgent for a repetition of bloodletting, pleading for it as the only means of preserving life, or of making death more easy, her demands were acceded to, and six or seven ounces of blood were extracted. Relief was obtained. The greatest difficulty was experienced in suppressing the after-hemorrhage from the orifice in the vein. The blood flowed as from an artery, and much was lost before it was controlled. It seemed as if the communication between the arteries and the veins had been so much changed from their natural state by previous bleedings, or other causes, that the two formed common canals. This patient soon passed out of my observation, and not long after died. Examination after death did not



discover the least disease either of the organs of the thorax or abdomen, and no effusion. The greatest paleness existed every where. The womb was not diseased. The ovaries were both enlarged, and that on the left side was dark, as if from congested or coagulated blood. I was not present at the examination.\*

Pain in the right hypochondrium is also named amongst the symptoms of irritable uterus. This in many cases exactly imitates diseased liver, and in all resembles it so nearly as to be taken for it. The ordinary treatment of that disease answers no good purpose in this imitation of it, except where the secretions are manifestly disturbed. It is probable that these symptoms belong to an exceedingly irritable state of other abdominal organs, particularly the

\* This case proved fatal. There is, however, so much resembling it, and the symptoms of similar diseases of females in the following, from Mr., now Sir Charles Bell's work on the Nervous System, that I have transcribed it. The reference made in the extract to the ovaria as the source of irritation, finds some confirmation in the appearances of these organs in the above case.

"All the subjects of these odd cases, which we do not understand, get well. This is consolatory to the patient, certainly, but not very satisfactory to ourselves. Ought it not to be a question, what nervous affections are consequent on trivial irritation? Without entering on the question, whether disordered health be followed by the imperfect and deranged action of the uterine system, or whether the latter be the primary disorder,—the ovaria are the source of irritation; and the consequences are exhibited through the most susceptible system of nerves, the respiratory system. Hence the disorder of the stomach, the spasms, globus, the difficulty of deglutition, the aphonia; hence the affections of the countenance, the tears, the sobbing, and spasms of the eyes and face, and throat, and chest, and stomach." †

large intestines. Of these the colon is the principal one, and in various portions of this organ, or in different parts of the abdomen, its morbid condition discovers itself. It does this most frequently in the form of severe colic. I may add, that this is a most troublesome and distressing complication in these cases,—that it is very easily excited,—that its causes are avoided with great difficulty, however prudent may be the patient, and that the professional management of it is sufficiently embarrassing.

Another symptom under this head is tenderness, with or without tension of the abdomen, which, with the increased heat of the surface, and the accelerated pulse attending it, might lead to the notion that peritonitis was present. This tenderness is sometimes so acute that the slightest pressure, even of the bed clothes, is almost intolerable. In some cases the pain affects the epigastrium, and in others, the lumbar or iliac regions, and is frequently accompanied with distinct swelling of the part. The stomach suffers in this disease, either from direct sympathy with the womb, or from taking part with other organs in the general disturbance which is induced. The bowels are also disturbed in their functions, costiveness being the most common form under which this is manifested. Pain is also complained of in the kidneys,—course of the ureters, and in the bladder, the pain in the latter being accompanied with dysuria.

I have now described irritable uterus, and I go on in the next place, as was proposed, to inquire into its nature, and to offer some explanation of the facts which have been brought into view.

The terms *irritable* and *irritation* have been adopted, not because they are considered to be the best, but rather for the purpose of distinguishing the disease from others with which it was foreseen it would be easily confounded. Inflammation is such a disease; and though perhaps in its simplest forms it is not very frequently met with in the womb, still it has symptoms sufficiently like those of irritable womb to be mistaken for it. Irritable womb has been in fact regarded as depending on a modified inflammation of the neck of this organ. There is another condition of the organ which may lead to error. It is that in which inflammation cannot be said strictly to have taken place, in which the small vessels are impaired in their functions, and an increased sensibility has been developed. Now these are accidental states, produced without the agency of any long-existing predisposition, which may disappear at once, when the partially deranged functions are restored, or by a temporary removal of all exciting causes.

Farther;—Inflammation is a disorganizing process. This fact has been particularly referred to in the history of irritable womb. Inflammation can hardly continue a long time without affecting the structure of a part; and what is the structure of that portion of the womb which is the principal seat of our disease? The neck of the womb approaches most nearly to the glandular texture, in its functions and in its diseases. Its principal function is the secretion of a dense, viscid substance, by which the os uteri is sealed up during pregnancy, and this se-

cretion is only performed during this state. Its diseases are organic degenerations,—adventitious structures, malignant in their nature, and exquisitely painful in the greater number; such diseases in short as are commonly met with in glands. Now inflammation attacking such an organ, and continuing without interruption for the very long time which irritable womb, under the most favorable circumstances, may and does continue, could hardly fail to produce structural changes. The part would at least be enlarged, and its natural softness be destroyed. I do not say that specific malignant disease would be the consequence, but such disease as would, at least in many cases, be obvious to some of the senses. Now such changes have not been observed in irritable womb. The structure remains mainly the same as in health. This organ has hardly ever been found notably enlarged, or hard. I have, I think, felt the os uteri or its labia in some few instances to be somewhat fuller than in health, and in one or two, a little irregular in outline. But even in these the part was soft, and was at once discovered to want the peculiar feel, which characterises either organic disease, or even simple chronic inflammation of the same part.

The doctrine, that irritable womb depends on inflammation, has been supported by the beneficial effects of blood-letting, whether general or local, in certain cases. But is this remedy confined to inflammation? Does it not, on the contrary, exert its best influences where there is no suspicion of inflammation, namely, in exquisitely painful and spas-



modic affections, where the sensibility is greatly exalted, and the action of certain textures, the muscular for instance, is violent, but in which not a single process of inflammation is supposed to be present? But the propriety of blood-letting has been seriously questioned, except in rare cases of irritable womb. It is not, in short, regarded, at least by one writer, as having a place among the remedies of the disease. If we, therefore, take into account the long time this disease may continue,—its small, if any, tendency to destroy or alter the structure of an organ very prone to undergo morbid changes, and finally, the treatment which in most cases has been found curative, have we not reason to doubt the correctness of the doctrine which ascribes it to inflammation, and to regard it as a peculiar affection, marked by symptoms belonging to itself, and requiring a particular treatment?

It has been attempted to remove some of the obscurity which attaches to the pathology of irritable womb, by the analogies of other diseases. These show that there are painful affections of other organs; that these may continue a long time, and though existing in parts in which chronic disease is extremely apt to become malignant, these are nevertheless unattended by any sensible morbid changes in structure, nor do they produce such. “Thus,” (says Gooch) “surgeons describe what they call irritable tumour of the breast.\* It is exquisitely tender; an ungentle

\* See Sir Astley Cooper, on Diseases of the Female Breast.

examination of the part leaves pain for hours ; it is always in pain, but this is greatly increased every month immediately before the menstrual period. Although apprehensions are entertained of cancer, it never terminates in disease of structure. It is represented as a very common disease. Mr. Brodie describes a similar state in the joints.\* It occurs principally among hysterical females ; it is attended by pain, at first without any tumefaction ; but the pain increases, and is attended with a puffy, diffused, but trifling swelling, the part is exceedingly tender ; this assemblage of symptoms lasting a long time, and being often little relieved by remedies, occasions great anxiety, but there never arises any ultimate bad consequences." "The disease," says Mr. Brodie, "appears to depend on a morbid condition of the nerves, and may be regarded as a local hysteric affection. These painful states of the breast and of the joints appear to be similar to that which I have been describing in the uterus ; similar in the kind of constitutions which they attack ; similar in pain ; in exquisite tenderness ; in resemblance to the commencement of organic disease, and in proving ultimately to be diseases only in function."† Without now forcing analogy beyond the limits ordinarily assigned to it, though something wide of a truly philosophical warranty, may we not trace as close an

\* Brodie on Diseases of the Joints. p. 338.

† Gooch's account of some of the most important Diseases peculiar to Women. pp. 317, 318.



alliance between irritable womb and irritable spine, as between these anomalous diseases of the joints and the mammæ. The spinal affection is, by the structure of the parts in which it occurs, so far removed from external pressure, that exquisite sensibility may not always be manifested. Still this is often present in the vicinity. But what shows its near resemblance to the other diseases referred to, and also to irritable uterus, is the great increase in most cases of its local and sympathetic affections when pressure is applied. What is still more to our present purpose, is the fact that the tendency to organic changes is no greater in this than in irritable womb. The suffering is great, the disease may continue a long time ; the constitution may suffer ; the spine may get curved from the posture assumed and continued by the patient to get rest, just as the irritable womb prolapses a little in the general weakness accompanying it, its supporting ligaments losing their tone ; but with all this no morbid lesion is produced in the spine, no such changes in structure as the long continuance of such serious local symptoms might lead us to apprehend.

When now, these facts are considered, and when we take into connexion with them the peculiar irritability of the female constitution ; the acknowledged agency of the uterine system in its most healthful as well as its morbid conditions, shall we be far from the truth, if we consider these and many kindred affections as essentially the same, their affecting particular parts or organs depending on special predis-

position, or mere accident? I am disposed to take this view of the matter, not only from its being most convenient; but because, as I believe, it is the nearest approximation to truth. We have then only to look to one great cause in our philosophising, which is in conformity with one of the best established principles of philosophy, and may at once arrange all contingent phenomena under natural classes. In place then of multiplied treatises on particular and novel affections, our generalizations will be at the same time short, simple, and practical. The authority of fashion will cease to embarrass the profession in this regard at least, and doctrines once wisely established, will not be lost sight of in the supremacy of some ingenious novelty.

*Diagnosis.* Our subject presents few if any points of so much interest as this. This interest arises from the following considerations. The disease has not been, until recently, adverted to, I might say known. It bears a very close resemblance to other diseases. Finally, the treatment of such diseases does not answer any good purpose in irritable womb; but on the contrary, may aggravate it, and prolong its continuance.

*Prolapsus Uteri.* This exists in some degree in the majority of cases of irritable uterus; but rarely in any to such an extent as would give rise to any serious inconvenience, if existing alone. They have many symptoms in common,—the menorrhagia, the leucorrhœa, the bearing down, and other local difficulties, all aggravated by exercise, and the erect pos-

ture. But they have, with all this, quite sufficient for diagnosis. Prolapsus ceases entirely to be painful in the recumbent position. Irritable womb does not. There may be a diminished suffering in the latter, but the essential symptom remains; and if there has been much exertion made, or standing been long persisted in, very severe pain continues some time after lying down, and a less degree of it is constant.

Examination will however always settle the diagnosis, and this should never be omitted, not only in this, but in all serious affections referable to the uterine system. A physician can know, I may say, nothing of this class of diseases in any other way than by examination *per vaginam*. One of the very best writers on female diseases declares he would not consent to undertake the management of any such affection, but upon the condition that an examination were allowed to him. No objections should stand in the way of making one. Examination in the diseases in question discovers in irritable womb, pain more or less acute in the neck of the organ; in prolapsus nothing more than the healthful sensibility of the part.

*Dysmenorrhœa.* This is a frequent symptom. A state of morbid irritability is not favorable for the performance of a natural function; and we can easily understand how the conditions of menstruation, and the function itself, should be very painful in irritable uterus. The whole pathology of the womb teaches the same thing. Dysmenorrhœa is however a disease by itself. It is an accident to uterine irritation.

The two may be easily distinguished. When alone, dysmenorrhœa is manifested only during menstruation. The intervals of periods may be passed without any suffering, though the patient pursues all her customary avocations. Exercise, and long standing do not produce it; and rest, however perfect, does not diminish it. It is not attended by any important sympathetic affections. Examination here, as in the last, will determine the diagnosis.

*Menorrhagia and Leucorrhœa.* These are symptoms of many diseases of the womb, and of themselves frequently form a distinct class of functional disturbance. These affections, or their causes, are readily discovered by examination. Extreme caution is required in their management. If they depend, as they may, on structural lesions, to check them suddenly will be to precipitate the patient into the worst stage of the disease which they accompany, and which within a certain range they keep in check. Even in mere congestion, or the slightest degree of inflammation, the increased function, while it is a sign of such state, is for the time a means of checking its progress, or a very useful auxiliary in conducting to cure. When, however, they are wholly dependent on irritation, local means to put a stop to them, especially leucorrhœa, are among the means which will be found curative; and their good effects confirm the diagnosis.

*Organic Disease.* This has two forms, malignant, and non-malignant. The first attacks for the most part, if not exclusively, the os and collum uteri. Some of them are exquisitely painful, and in most morbid



sensibility prevails. They are attended by other symptoms of irritable womb. Pressure on the diseased part, as in that, enhances the pain. Lancinating pain belongs to them equally. But the state of the mouth and neck are widely different. In the malignant malady, cancer, &c., we have striking sensible changes. The os uteri is open, ring-shaped, uneven, gristly, hard, or as Dr. Wm. Hunter has it in his manuscript lectures, having a "cancerous feel." The diseased part is increased in size, or a great portion eaten away; not increased so much indeed as other portions of the womb are in many diseases, the fleshy tubercle, for instance; still it is enlarged, and whenever so, is very hard. Nothing of this sort belongs to irritable womb. We come from the examination surprised to find that in an assemblage of symptoms, which can hardly seem to depend on any thing but organic change, the mouth and neck of the womb have undergone little, if any, alteration. Slight fulness may indeed be sometimes noticed, and perhaps slight swelling of the neck; but the os uteri is even more closed, if any thing, than natural, and the healthful softness in all parts remains. The diagnosis is here most important to the patient. We can at once assure her, if irritable womb only exist, that she has not a disease that is tending to destroy her life, or is malignant. It is acutely painful to be sure, and may take months or years to wear itself out, or to be removed by art, but her life is not endangered by it.

In the other form, the non-malignant, the diagno-

sis is less embarrassed. There may be disordered functions, menorrhagia and profuse leucorrhœa, but there is not the exquisite tenderness on pressure, nor the same increase of suffering on exercise, and examination detects the enlargement of the organ, and the increase of its weight. The sympathetic affections are not the same ; and if they do imitate those of irritable womb in their localities, it is in this circumstance mainly that the resemblance will be found.

*Simple Chronic Inflammation of the Womb.* Between this and irritable uterus there are very striking resemblances. It occurs most frequently in married women ; though occasionally about the age of puberty ; is accompanied with symptoms of general irritation ; uneasiness or pain in the back, hypogastrium and thighs ; frequent desire to pass water, with increased suffering on exercise ; leucorrhœa ; tenderness of the os uteri ; dyspepsia, costiveness, and various sympathetic affections. Examination discovers the womb to be lower than natural, with elongation of the cervix ; and great tenderness of the organ on pressure. Here is a case of simple uterine irritation. The diagnosis is to be learnt from another portion of the history of simple chronic inflammation of the womb. In this we have enlargement, gradually produced in most cases, but sometimes it would seem suddenly. The general fulness of the organ, with swelling of the neck, are quite obvious, and are accompanied with more or less embarrassment in the functions of the bladder and rectum. Now if the



patient make any considerable bodily effort, or continue long in the erect posture, she is liable to be seized suddenly with exquisite suffering within the pelvis, and if examination be made, the womb will be found more or less completely retroverted, and too tender to bear the least pressure.

The diagnosis is farther aided by the effects of the treatment employed in this case. If this consist in an active use of antiphlogistics, as general and local bleeding, purgatives, nauseating and promptly alterative medicines, we shall find the symptoms rapidly to decline, the enlargement of the womb to disappear, its natural situation regained, and in two or three weeks the patient well, and as perfectly so as after recovery from any other severe attack of common inflammation. The treatment of irritable womb gives us no parallel results.

*Spinal Irritation.* I regard the diseases as so much alike in kind, that the diagnosis is resolved into the simple question of the seat of the disease. True, the irritation may exist in both places in the same patient, less declared however in one of them. It may be in the womb that this may be the case, or it may be in the spine. I have known irritable womb to exist in an exquisite form and for a long time, uncombined with any spinal affection. It has at length worn itself out, or has been removed by remedies, and then excessive tenderness of the spine has occurred, becoming the leading malady, and marked by its special symptoms. Now these symptoms are very often those which characterise true hysteria, in fact it

is hysteria in its most perfect, and sometimes most alarming forms. We have here either a conversion of the disease, or an unexplained but original manifestation of it in a new situation.

*Effects of remedies.* In aiding diagnosis, this is, in many diseases, an important means. It has long been recognised as such. Sydenham has acknowledged its value on the invasion of new epidemics, and in the management of diseases which only wear their livery. Its importance has been lately shown by Gooch, in his Treatise on Puerperal Fevers. It appears by this record, that a disease follows delivery, which closely resembles the severest kinds of puerperal peritonitis, but in which the best established treatment of the latter is not only hazardous, but if continued, because the symptoms continue, will surely end in death. Cases are given of this issue, and examination after death showed how misapplied had been the treatment. Not a vestige of pre-existing inflammation could be discovered. There are forms of uterine irritation, like this peritoneal irritation, in which similar mistakes may be made. I refer to the hysteric, and especially to those in which the lungs, the heart, or peritoneum seem to be the seats of grave disease, viz. severe inflammation. The active treatment of inflammation has been tried in these, and the result has been an increase of the disease, the increase being in proportion to the continuance of active measures for removing the aggravated symptoms of the supposed inflammation.

From the foregoing description of irritable womb, I propose the following classification of its cases:—

I. With menorrhagia,—dysmenorrhœa,—and leucorrhœa,—excessive uterine irritation,—and the sympathetic affections of the brain, thorax, and abdomen, enumerated.

II. With slight functional uterine disturbance,—uterine irritation excessive, the sympathetic affections moderate and not constant.

III. With much functional derangement of the womb,—slight uterine irritation; the sympathetic affections being paramount.

IV. Complicated with, or following spinal irritation. Hysteria being predominant.

Under some one of these classes may be arranged the cases which have fallen under my notice. Some of them indeed might seem equally to belong to two if not to the whole four, for the complications in some cases are very remarkable, and render an attempt at an arbitrary arrangement sufficiently embarrassing. The above division is suggested on account of its practical bearings. It is very certain that the treatment of irritable womb must have regard to the whole condition of the patient, as well as to any particular local affection, with which that condition may be associated.

*Prognosis.* This should be favorable as to the whole result, but very cautious as to the time the disease may continue. The physician has an interest in this as well as the patient. The latter should be as well prepared as circumstances will allow for

protracted discomfort, and for submission to a course of treatment which will demand many sacrifices. The physician will escape the embarrassments which great mistakes in prognosis sometimes involve. The prognosis should be favorable from the known result of cases of great severity and long continuance. The disease has no tendency in itself to produce organic and malignant degenerations, and treatment may do much to diminish the constitutional derangements which belong to the disease, and which may result in great exhaustion. This last may predispose to other and serious disease. But the patient is happily removed from existing causes; and direct observation has shown how rarely are its subjects the victims of other maladies.

*Treatment.* This has regard to the womb itself, and to the whole system. We may have to manage an idiopathic affection of the organ which has associated with it various sympathetic affections; or the disease of the womb is purely secondary, and is among the other consequences of general constitutional derangement. I have described the disease under various modifications; and cases exhibiting these may belong to either of the two most general divisions of subjects just referred to, and which were particularly indicated in the beginning of this discourse. Before giving the treatment which particular classes of cases require, I shall state what is of the most general application. And first, of *Rest*.

Rest forms an indispensable portion of the management of all cases. It is the condition on which the

success of the whole treatment depends. Of its importance the patient should be fully informed; and especially of the hazard she runs of aggravating the disease in all its forms, by neglecting this condition, and of reviving the disease when it may be about wholly to disappear. Am I asked of what kind, and how long, shall rest be insisted on? I answer, it is the recumbent posture, on a bed, or a sofa; and as to the time, certainly so long as the erect position produces uneasiness, and while this has associated with it the sympathetic affections which have been described as belonging to the disease. The cases in which rest has been found demanded most imperatively, have been those in which the tenderness of the womb has been most exquisite, and in which severe paroxysms of pain have been produced by the erect posture, and especially exercise. Slight displacement of the womb belongs to many cases; this is increased by standing or walking, and can hardly act otherwise than to increase the disease as well as the suffering.

Digestion is impaired, and costiveness a very common symptom. The treatment should have both in view. The diet should be such as will require least of the stomach, and still yield sufficient nourishment. What will do this must be somewhat matter of experiment; or the patient may have already learnt it by her experience; but as a general rule, such food must be directed as is least stimulating, especially among liquids, and such other food as will be least



likely to undergo chemical changes. Flatulence, particularly of the bowels, is very common, and exceedingly distressing. It depends very much on the state of the bowels, as it regards tone, but it is always more or less connected with the quantity and quality of the food. Costiveness is to be prevented by diet, if this be practicable, or to be removed by such means as will answer the purpose with the least irritation. The best articles are sulphate of magnesia, castor oil, and rochelle salts. The secretions are frequently morbid, as showed by the evacuations. Diet and regular bowels may do much to restore these to a natural state ; but, if not sufficient, a gentle alterative course may be usefully adopted.

Pain is a common symptom in all cases, and may disturb the patient at night as well as by day. In prescribing for this symptom, we select such articles as diminish the sensibility and promote sleep, but which will leave the least trouble behind them. The sub-narcotics are of this kind, as the conium, the hyosciamus, the common hop, poppy, camphor, &c. The extract of taraxicum, given with one of the above, has been thought to exert a very useful alterative agency, and this agency may be always increased by adding a minute quantity of the blue pill. Opium may be required to produce relief, or to procure sleep. The preparation which has been thought to answer best, is the solution of the salts of morphine, or narcotivæ. The old fashioned *tinctura opii* will probably be found to answer every desired pur-

pose quite as well, as any of its modern substitutes. Rest, then,—regulated diet,—strict attention to the bowels,—relief from present suffering, and the procurement of sleep, are among the points which are of special importance in the management of all cases.

I shall next state very generally the treatment which particular forms of the disease may require; and I shall, in doing this, refer to the classes under which I have comprehended its various cases. First, of those in which functional disturbance, and severe sympathetic symptoms exist. It is advised in these cases to address the treatment in the first place to the womb itself; next, remove or palliate painful symptoms, and lastly restore the general health. We must have regard to the presence or the absence of the catamenial function in beginning the treatment. If menorrhagia be present, positive rest and light diet are to be enjoined; local or general blood-letting should be premised if the general state of the patient as to plethora, activity of circulation, or severe pain in the pelvis without general disturbance, make either necessary. When the period has passed, cold astringent injections, per vaginam, should at once be directed. They are to be continued daily until the expected recurrence of the catamenia. If menorrhagia be not present, nor the usual catamenial discharge, and the pulse not indicate bleeding, we begin the use of injections at once. Suppose irritable womb be accompanied with dysmenorrhœa, and slight or no leucorrhœa. The injections are to

be employed at once. So in leucorrhœa alone, the catamenial function being healthful.\*

The sympathetic affections depend on the uterine irritation. These will continue while their cause remains. They may have already continued so long, that they may not disappear with their cause. Much of the treatment of these symptoms has been referred to when speaking of means which are applicable to the great majority of cases. And of others our treatment is little more than palliative. If good evidence exist of great vascular action with plethora, blood-letting, general or local, or both, will be proper.

But if we have tried this, especially venesection, much caution is to be observed in its repetition. Partial relief at first, with speedy return of suffering in the old place, is no good reason for continuing blood-letting as a part of the treatment. It may be necessary to bleed or cup a second time, but much caution is to be exercised. This becomes of much stronger obligation in the advanced periods of the disease, when exhaustion is manifested every where. Let the local symptoms be as severe as they may, it is questionable if the loss of blood will give even present relief; and it will surely be followed by increased

\* The following injection has answered every purpose better than any other I have tried.

℞. Zinci Sulphatis, }  
 Alum. Sulphatis, } āā ʒ ij.  
 Aq. Commun. ʒ xvi.

Inject. from ʒ iv to ʒ vj *cold*, twice a day. Let it be retained as long as convenient. If the patient be very feeble, it may be tepid when first tried. If it give pain, dilute, and in a short time use it of original strength. It must be used a long time, even after the disease has entirely disappeared.

suffering. Suppose the local trouble be pain under the left mamma. Hot applications, and active rubefacients may give temporary relief. To these may be added the internal use of the aqua ammoniæ, which if given along with magnesia in small doses, in camphor mixture, has been found singularly tranquillizing; and the above named subnarcotics may be employed at the same time, or trusted by themselves. These are palliative only, it may be; but while they are employed, the astringent injections will be effecting salutary changes in the organ primarily diseased. Pain in the abdomen, and in the right hypochondrium, with disordered secretions, may be relieved in the same way. For the last, the alterative use of calomel, or blue pill is recommended. Warm bathing is frequently useful as a palliative in most of the affections incident to irritable womb.

In the second form of the disease, in which functional uterine disturbance is slight, but the irritation excessive, with trifling sympathies, local bleeding in the neighbourhood of the womb, has with Gooch, and some others, a principal place. Cupping is preferred to leeches. It may be done at the upper part of the sacrum. Leeches, if used, are to be applied to the hemorrhoidal vessels, or between the labia pudendi. But a caution follows the recommendation. We are to have regard to the time of the disease, and the state of the patient; and four ounces have in some cases done all that could be looked for from the remedy. Sometimes, one of the best friends of blood-letting acknowledges, the remedy only does harm.

It aggravates all the symptoms, and, says he, "the effect was unmixed misery." This is an acknowledgement worthy of all honor. The same caution is added to all that is said of the good effects of mercury in this disease. This may very soon become an active agent in the production of evil, and without much watchfulness, we may continue its use to overcome what it has itself mainly produced.

In these cases all the palliatives before named, are to be faithfully tried. I should in this class use the astringent injections so strongly recommended in the first, under similar conditions. I should not omit to recommend here the employment of local irritation; viz. caustics, blisters, &c., in the neighbourhood of the pelvis. The best place is the upper part of the sacrum. Of the size of a dollar they will answer every purpose, and may be advantageously renewed when healed.

The treatment of the third class of cases should be conducted on precisely the same plan as the first. The astringent injections will be found equally serviceable in both.

The fourth class embraces cases complicated with spinal irritation. This is not a small class. It has not been distinctly recognised, but wider observation, I have no doubt, will show how nearly related are the two diseases. Whenever, then, we have to manage hysteria, whether the derangement of the uterine functions, or the diagnostic symptoms of uterine irritation be present or not, it is worth recollecting that spinal irritation frequently exists at the same time



with them, and that its removal may be followed by the disappearance of the hysteria. The irritable uterus is to be treated in the same way as in the other classes already described.

A patient who has suffered from this disease, and in whom salutary changes have occurred, will still demand much attention during convalescence. She is to be guarded from the existing causes of the malady, and is, at the same time, to use means for the restoration of health. Among these are diet, tonics, change of air, and exercise. The best tonics are chalybeates; and these, as they exist in natural mineral waters, are best. They frequently contain mild cathartic salts, which add to their usefulness. The situation of such waters, and a moderate indulgence in the gaiety which is almost native to them, are highly salutary. I have said nothing of the benefit frequently derived from the use of preparations of iron at an earlier period in the disease. The solution of the sulphate of iron is particularly to be recommended. I have never known it do harm after excitement has been subdued. On the contrary, I have found it highly useful as an aid to the other treatment of the functional derangements of the uterine system so common in irritable womb. The pessary will also become a very important means of preventing relapse when the removal of the local irritation allows of its use.

In the preceding discourse, a large place has been given to local irritation as a cause of many of the symptoms which attend the diseases of women.

It has not been my purpose to give it a larger one than it deserves. I have endeavoured, by reference to facts in as much detail as circumstances have allowed, to support a doctrine which I believe to be well founded, and which leads to useful practical results. I perhaps owe to the Society an apology for the minuteness of description into which I have been sometimes betrayed. I will not plead for any indulgence which the circumstances of my appointment might make reasonable, though I will acknowledge that they may have influenced me in the choice of my subject. The time was quite long enough for preparation, but it required that the selection of a subject should be soon made.

---

It is customary on this occasion to notice the deaths which have occurred in the Society in the preceding year. It is a tribute due to those who have been fellow labourers with us in the good and great work of preserving the honour, and increasing the usefulness of our profession. Among those who have died since the last anniversary is Dr. JAMES MANN. His death occurred when he was in advanced age, in a neighbouring state. Dr. Mann is remembered as a contributor to the communications of this Society, —as having been the first successful candidate for the Boylston prize; and for his work on the diseases in that portion of the Northern army to which he was attached during the late war. He did not return to private practice at the Peace, but remained and died in the public service.

Dr. THOMAS PHIPPS, a much esteemed physician in a neighbouring town, Quincy, has also died within the same period. His death took place in middle life, from a disease which had long afflicted him, and which had called upon him to leave his business and his country in pursuit of health. The disease was of the heart, and was fatal in the midst of active employment, and when its subject was apparently in the possession of more than ordinary health and vigour.

Dr. GEORGE W. LANE, who had very recently been admitted a Fellow of this Society, has died before the return of the first anniversary since his admission. Dr. Lane studied his profession faithfully, and was richly possessed of those qualities which would have ensured him great success in the branch of Surgery, to which he had specially devoted himself. He was respected for the soundness of his principles, and his great amiableness attached to him many friends.

Dr. JOSHUA FISHER died in Beverly on the 26th of March last, at the advanced age of 84. He was born in Dedham in May 1749. His ancestors were respected and wealthy farmers. He was second cousin to Fisher Ames. He began the preparatory studies for the University at six years of age, and was graduated at Harvard in 1766. His parents designed him for the ministry, but after teaching a school in Beverly for two years, he was seized with disease of the lungs, which, being followed by cough, this purpose was abandoned, and in 1770 he began the study

of medicine under the direction of Dr. Lincoln of Hingham, brother of General Lincoln. He always spoke of his preceptor as a man of rare talent, and much in advance of his profession. He began practice in Ipswich,—practised also for a time in Salem, and finally removed to Beverly, where he passed the remainder of his life.

The times in which Dr. Fisher entered on his professional career, possessed extraordinary interest. The great question of the future government of the country had begun deeply to agitate the whole land. It addressed itself to every individual, and the deepest interest was felt by each and by all in the decision. It was this fact in the history of the revolution, which gave to it character, and ultimate success. Dr. Fisher, either under the direct influence of the times, considerations of health, or from a view to profit, probably from all these motives, took an active part in the scene before him, and we find him leaving the quiet of village practice, and entering a private-armed vessel as surgeon. He sailed from Marblehead; a valuable prize was captured and sent into Salem. We next find him in the British Channel, where, after cruising some time, the vessel was surrounded by English vessels of war. Escape being impossible, the privateer was run ashore, the crew hoping to secrete themselves on the land. It seems their purpose was anticipated, and they were soon discovered. Two men pursued Dr. Fisher, and at length seized him. He suddenly availed himself of an opportunity to free himself from them, threw them to the ground,

and escaped. He had prepared for the emergencies of his future situation by filling his pockets with all the treasure within his reach before leaving the captured vessel. This he entrusted to some one who had obtained his confidence; he turned out however, to be a false friend, for he never returned him a farthing. He succeeded through the assistance of others whom he made friends, in escaping to France where he entered another privateer; being successful in this cruise, he next took passage in a letter of marque bound to Boston, where he arrived after a most perilous voyage. His public and enterprising spirit next led him to take an active part in establishing a cotton factory. This project was unsuccessful; and after much loss, this, one of the first attempts at domestic manufacture of cotton, was abandoned.

We are now to consider the character of the deceased in those relations which are always the most important, and which in the case of Dr. Fisher, present points of great interest. He was a physician, and he was largely gifted with those moral and intellectual qualities which give honor and usefulness to this profession. He does not seem to have looked for or desired a very extensive practice, nor does it appear that he had such. He was early taught by serious illness that his constitution was a feeble one, and that he was to be cautious as to the demands he made upon it. A portion of this conviction was possibly imaginary, or at least less well-founded than he believed. But it doubtless produced some effect, in



diminishing his zeal in a direction in which it is not generally wanting, namely, in gathering around him a large circle of patients. What he did see however was thoroughly investigated. He brought to every case his whole mind. He was possessed of extraordinary powers of observation and reflection, and he understood with wonderful tact just what was most worthy consideration. All this gave to single, I may say, independent facts, a value, which the observer of a multitude of the similar, or the same, might have regarded with less interest. But by Dr. Fisher they were looked to as the sure basis of his theories. He knew what he saw, for he studied it all deeply, and his generalizations only wanted to others the authority of a more varied and wider observation. For himself, they were all sufficient, and his practice rested upon them. He employed but few remedies, but these were selected from amongst the most powerful. His treatment of inflammation, whether of the serous, mucous, or other tissues, differed from that of his brethren. He rarely or never bled, but attempted at once to relieve pain by opium; and then, by large doses of calomel, to subdue the morbid processes on which the existence of the disease depended. "When driving a nail," he would ask, "why strike it with a timid and useless blow? Nothing is to be gained by that; use at once the force required, and the object is accomplished." Such was the kind, and the illustration of his practice. One can hardly fail to trace a striking resemblance between it, and the practice of some late foreign

physicians, who advise a much earlier and freer use of opium in inflammatory and febrile diseases than was formerly thought safe. The independence as well as originality discovered in all this, belonged to Dr. Fisher's mind after a manner which distinguished all he did. He could not be seduced by the mere pretensions of novelty from what he had ascertained to be true in principle and correct in practice, and his respect for authority never so far blinded him as to disturb his confidence in what, as he believed, his own sound and accurate observation had established. How far the experience of others has justified his particular practice in inflammatory disease, I am not fully apprised.

Dr. Fisher was from disposition, and the constitution of his mind, a retiring, I may add, diffident man. This however was true only of his intercourse with the mass, the multitude,—with the few he was wholly unreserved. He was singularly acute in discovering character, and he loved to study the individual. This was in perfect harmony with what was so peculiar to him in the study of disease. It was, as it has been observed, the individual case, which had to him the greatest interest in his study of disease, and the same was true of his intercourse with men. He took great pleasure in hearing from those with whom he thus familiarly associated all they could impart, and he communicated in turn what the occasion most required. If he was retiring then in public, it was because there was confusion in the elements that compose the multitude; and he took no interest in arranging them, because the re-

ward might be far less than the trouble ; and again, he was always anxious to be useful, and this he felt he could best be with a few. He loved knowledge from his earliest years, and he loved it to the last. His interest continued unabated in all the true sources of information, and of intellectual and moral gratification. This was discovered remarkably in the pleasure he derived from the current literature to the latest period of his long life. He was truly honoured and beloved by his patients. His reputation was great, and this brought him forward as a consulting physician over a very wide circuit.

Dr. Fisher possessed one moral and intellectual quality, which is especially remembered by those who best knew him. This was purity, purity of mind and of heart. This it was which gave to his intellectual nature its great beauty, its power, and its attractiveness. It constituted the tone of his mind,—it was the atmosphere in which it expanded, and by which it was invigorated. It was this which gave their character to his thinking powers, and made him so perceptive of the truth wherever it lay before him. It caused him to shrink from moral taint as from something abhorrent to his whole nature, and to love the good in every thing in which it existed. It made him most sensible of its opposite, of vice, as that might be presented in others ; but his native kindness made him pity what he was called upon to condemn. The moral dignity of such a character, if we may not attain to, we may love ; and so diffusive is it in its very nature that the con-

templation of it cannot but make its observer better. Such a mind was admirably fitted for the study of nature, and few amongst us have felt and acknowledged a deeper interest in natural history than Dr. Fisher. His strong powers of observing, comparing, and remembering, singularly fitted him for this branch of science, and he devoted himself to it whenever and wherever opportunity served. He had a genuine love of nature. He felt its beauty in its truth and whole amount, and derived perpetual pleasure from the perception of it. It has been said, that if his means had originally allowed it, he would have devoted himself to natural science as a profession; and his success would have been great. The only time I had the pleasure to pass a few hours in his company with two or three friends, was almost wholly filled with conversation on natural history, and I shall not forget how great was his interest in the subject. There is a witness however to his zeal in this cause which cannot be lost. I allude to his munificent endowment of the Professorship of Natural History in our University. He has in a sense in this way perpetuated his own mind amongst us. He has at least provided the means by which one of his most cherished objects shall be perpetually promoted. The munificence of our brethren we may well record, and cannot too much honour. It is an example, and one which may safely be followed. Its direction in this particular instance is just what it should have been.

It may not be out of place to urge here the claims

of our Society on its members for a similar patronage. Though so extensive in its numbers, so large in its wealth, and designed to exert so important an influence on the community, it asks, for its surer and more rapid progress, an accommodation which it has never obtained. We want a "local habitation" as well as a name, where we may resort as to our own dwelling place, and there collect the means of improvement and gratification, and feel that they are safe. We would lay now to-day, were it possible, and is it not so?—the foundation of a magnificent and most valuable museum; collect together a library, and in this our common property find an equal interest, and a common end. We should in this way feel too closely united to think of division, and the power of union would be felt and acknowledged by all. Few anniversaries have found this Society so large, so united, so efficient, as the present. May it not be its still greater, and let me add, illustrious distinction, to begin that work, which if begun will be more than half finished?

In speaking of Dr. Fisher, I have confined myself to a brief sketch of his professional character, and to his intellectual habits and powers. I have spoken of the high estimation in which he was held by his profession, his patients, and his friends. He was also in an important sense a public man. Though he shrunk from general society, he never did from public duty. He took an active part in politics, and was the intimate associate and friend of the late Hon. George Cabot. His connexion with Fisher Ames,



and the harmony of their political views established similar relations between them. I have named two of the most honored men of our State. It were sufficient praise to have been their associate and their friend. Dr. Fisher sustained important public offices. He was a Senator of Massachusetts,—President of this Society ; President of the Beverly Bank ; and President of the Beverly Charitable Society. He was the projector of the latter, and having largely added to its funds during his life, left it a munificent bequest in his will.

He retained his intellectual energy after a remarkable manner to the close of life. But he was not unobservant of the effect of time upon some of his faculties. He noticed especially the decay of memory. How strange is this power of the human intellect, looking upon its own faculties as on its instruments, and discovering at once with a distinctness no one else can, where the machinery is wearing away, while it feels how powerless it is to repair it. Does not this teach that the mind is something else, and distinct from its faculties,—that these last are merely necessary to its present mode of being, and that in another state, it will lay these aside, and in itself, its own proper nature, possess the means of intercourse with the Supreme mind and with the inferior intelligences with which it will then be brought into direct communion ? In Dr. Fisher, the power above referred to was very striking. I know of few things more interesting in the contemplation of a really vigorous mind, than this single fact. Such a mind was his. This was acknowledged by all who came within its

reach, and could apprehend its power. His affections were strong, for his moral faculties were vigorous, and in constant exercise. His religious sentiment was pure and elevated, and he looked upon death as an event in life, the appointment of God, as were all other events, and he submitted to it humbly, but with a bright hope, and the fullest trust.\*

\* The disease of which Dr. Fisher died, was inflammation of the lungs. The following are the appearances which were discovered on dissection, and for which I am greatly obliged to the gentlemen who communicated them.

“On raising the sternum, the lungs were found collapsed and emphysematous, and a small quantity of serous fluid was found in the chest. The apex of the right lung was indurated, and had been so, from appearance, a long time. The lower lobe of this lung was highly congested and inflamed. Both lungs were universally œdematous, pouring out where cut into, a considerable quantity of sero-sanguinolent fluid, and were covered here and there externally with large patches of coagulated lymph. The left lung was more seriously diseased than the right, and the whole posterior portion of its lower lobe was in a state of hepatization. The left side of the chest contained about four ounces of fluid, in which floated coagulated lymph. The bronchi were filled with thin frothy and serous effusion. The bronchial cartilages above the bifurcation were ossified. The mucous membrane of the bronchial tubes was deeply inflamed, and covered in some parts with a deposition resembling false membrane.

“The pericardium contained a little bloody serum,—the right side of the heart was generally healthful,—right ventricle filled with coagulated lymph, which extended into the pulmonary artery,—valves as in health. Left side of the heart, and aorta perfectly healthful.

“In the abdomen very little disease was discovered, except in the duodenum. This was in a state of chronic inflammation, its mucous coat granulated, and its glands much enlarged. In the urethra, just below and behind its opening into the bladder, a small body, resembling a nipple in size and form, was discovered, extending into the cavity of the organ. It was of a bright red colour. The left kidney was of natural size, and healthy. On its surface however, and extending a little into its substance, were noticed two or three vesicles containing a

milk-like fluid. The right kidney was unnaturally small, but was healthy.

"The examination accounts very perfectly for the sufferings which Dr. Fisher for a long time experienced. He had been for many years subject to a diarrhœa at a certain period of the year, I think in May or June; and would resort to his favourite drug, opium, to arrest it. He related to me one singular anecdote concerning the periodical appearance of the complaint. He was always, or had been for many years, attacked with this disease on a particular day of the year; and from its regular recurrence, on a particular day of the year, he, during the last years of his life, always anticipated, and prepared himself for the attack on that day. But one year, to his surprise, the disease did not attack him on the usual day, and he was much rejoiced at night that the day had passed and the evening found him in health. He now thought he should escape this year; but on the next day the old disorder attacked him. He now was convinced that the imagination had no influence in its production, and that its regular occurrence on one particular day of the year must be owing to some law with which he was not acquainted. He was much astonished that the diarrhœa delayed its appearance one day; but on reflection, he recollected that it was leap-year, and observed, that the laws by which disease was governed were consequently invariable, and must have depended in some way or other upon the revolution of our earth.

"One other difficulty, with which he was a long time afflicted, was an irritation in the neck of the bladder, whenever even a small quantity of urine was accumulated in its cavity, and at times he found difficulty, and experienced pain in voiding his urine. He always supposed an enlargement of the prostate gland caused this difficulty; but this was unquestionably owing to the little tumour, which was found near the origin of the urethra. In comparing the results of the *post-mortem* appearances with the symptoms which were experienced and described by Dr. Fisher during life, I find he was correct as to the precise spots in which he placed the diseases, from which he suffered for so many years. He always expressed the belief that the part of the "*primæ viæ*," to use his favorite expression, just below the stomach, was the part diseased; and that the prostate gland, or the neck of the bladder, was also the seat of some serious malady."

